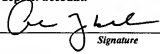


JC09 Rec'd PCT/PTO 06 OCT 2005

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))				Docket No: DC5109PCT1	
In Re Application Of: JOHNSON et. al					
Application No.	Filing Date	Examiner	Customer No. 00137	Group Art Unit	Confirmation No.
Title: Method of Making Emulsions Containing Elastomeric Silanes and Siloxanes with Nitrogen Atoms					
<p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>37 CFR 1.97(b)</p> <p>1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.</p> <p style="text-align: center;">37 CFR 1.97(c)</p> <p>2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:</p> <p style="margin-left: 40px;"><input type="checkbox"/> the statement specified in 37 CFR 1.97(e);</p> <p style="text-align: center;">OR</p> <p style="margin-left: 40px;"><input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).</p>					

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<p style="text-align: center;">Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))</p> <p><input type="checkbox"/> A check in the amount of _____ is attached.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1520 as described below.</p> <div style="margin-left: 40px;"><input type="checkbox"/> Charge the amount of \$ _____</div> <div style="margin-left: 40px;"><input type="checkbox"/> Credit any overpayment.</div> <div style="margin-left: 40px;"><input type="checkbox"/> Charge any additional fee required.</div> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between;"><div style="width: 48%; border: 1px solid black; padding: 5px;"><p style="text-align: center; margin-top: 0;">Certificate of Transmission by Facsimile*</p><p style="font-size: small;">I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. _____)</p><p style="margin-top: 10px;">_____ (Date)</p><p style="margin-top: 10px;">_____ Signature</p><p style="margin-top: 10px;">_____ Typed or Printed Name of Person Signing Certificate</p></div><div style="width: 48%; border: 1px solid black; padding: 5px;"><p style="text-align: center; margin-top: 0;">Certificate of Mailing by First Class Mail</p><p style="font-size: small;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a) _____]</p><p style="margin-top: 10px;">_____ (Date)</p><p style="margin-top: 10px;">_____ Signature of Person Mailing Correspondence</p><p style="margin-top: 10px;">_____ Typed or Printed Name of Person Mailing Certificate</p></div></div> <p style="margin-top: 10px;">*This certificate may only be used if paying by deposit account.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;"> _____ Signature</div><div style="width: 45%; text-align: right;"><p>Dated: 10/5/05</p><p>CustomerNumber 00137</p></div></div> <p style="margin-top: 10px;">Alan Zombeck Reg. No. 45,260 Telephone: 989-496-3101 Patent Agent Mail Number C01232 P.O. Box 994 2200 W. Salzburg Road Midland, MI 48686-0994 UNITED STATES OF AMERICA</p> <p style="margin-top: 10px;">cc:</p>					

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PTO/SB06a (08-03)

Approved for use through 07/31/2006. OMB 0851-0031

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1

of 1

Complete if Known

Application Number
Filing Date
First Named Inventor
Art Unit
Examiner Name
Attorney Docket Number

JOHNSON

DC5109 PCT1

U. S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
J.V.V.		US- 6,475,974 B1	11/05/2002	Dow Corning Corporation	
J.V.V.		US- 6,482,969 B1	11/19/2002	Dow Corning Corporation	
J.V.V.		US- 6,607,717 B1	08/19/2003	Dow Corning Corporation	
J.V.V.		US- 6,787,603 B2	09/07/2004	Dow Corning Corporation	
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FOREIGN PATENT DOCUMENTS

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Examiner Signature	Jyothisna Venkat/	Date Considered	06/10/2009
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